

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **08/97-306**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/				52						
3		/	/				53						
4		2	/				54						
5		2	/				55						
6		2	/				56						
7		(1)	/				57						
8		(1)	/				58						
9		(1)	/				59						
10	/		/				60						
11		/	/				61						
12		/	/				62						
13		(1)	/				63						
14		(1)	/				64						
15		(1)	/				65						
16		(1)	/				66						
17		(1)	/				67						
18		(1)	/				68						
19	/		/				69						
20	/		/				70						
21		/	/				71						
22		/	/				72						
23		2	/				73						
24		2	/				74						
25		2	/				75						
26		(1)	/				76						
27		(1)	/				77						
28		(1)	/				78						
29	/		/				79						
30		/	/				80						
31		/	/				81						
32		(1)	/				82						
33		(1)	/				83						
34		(1)	/				84						
35		(1)	/				85						
36		(1)	/				86						
37		(1)	/				87						
38		(1)	/				88						
39		(1)	/				89						
40		(1)	/				90						
41		(1)	/				91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY